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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	206-004
	First Named Inventor	Kevin B. Tucek
	Original Patent Number	6,013,096
	Original Patent Issue Date (Month/Day/Year)	01/11/2000
	Express Mail Label No	ET462152165US

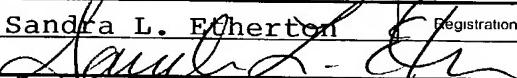
APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		11. <input type="checkbox"/> Original U S Patent for surrender	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		<input type="checkbox"/> Ribboned Original Patent Grant	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		<input type="checkbox"/> Statement of Loss (PTO/SB/55)	
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)		12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
6. <input type="checkbox"/> Power of Attorney		13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
7. Original U S Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es))		14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)		15. <input type="checkbox"/> Preliminary Amendment	
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)		16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table		17. Other:	
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)			
a. <input type="checkbox"/> Computer Readable Form (CFR)			
b. Specification Sequence Listing on i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper			
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